

PLAINTIFF <u>BIZIAN KEITH ALFORD</u>		COURT CASE NUMBER <u>3:21-CV-1123</u>
DEFENDANT <u>ROBERT ZILLES, et al.</u>		TYPE OF PROCESS <u>Summons, Complaint</u> Order of Possession
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <u>Lawrence M. Porter</u> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>2579 Brentwood Rd., Beachwood, OH 44122</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>BRIAN K. ALFORD A196744</u> <u>MADISON CORRECTIONAL INSTITUTION</u> <u>P.O. BOX 740</u> <u>LONDON, OH 43140</u>		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of. <u>Brian K. Alford A196744 JS</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>419-283-9282</u>	DATE <u>10/16/24</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin <u>6</u>	District to Serve <u>6</u>	Signature of Authorized USMS Deputy or Clerk <u>Dana Mullins</u>	Date <u>10/17/24</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date <u>11/06/24</u> Time <u>1000</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <u>Dana Mullins</u>	

Service Fee <u>8-</u>	Total Mileage Charges including endeavors <u>-</u>	Forwarding Fee <u>-</u>	Total Charges <u>8-</u>	Advance Deposits <u>-</u>	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>\$0.00</u>
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REMARKS:

FEU EX
* UNABLE TO DELIVER
RETURNED

- PRINT 5 COPIES:
- 1 CLERK OF THE COURT
 - 2 USMS RECORD
 - 3 NOTICE OF SERVICE
 - 4 BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5 ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED